

February 2, 2007

Dear Senator Cocchiarella,

Thank you for your support and sponsorship of SB434 a bill to license Marriage and Family Therapists (MFTs) in Montana. Following is the criteria set out by the Joint Interim Committee on Professional and Occupational licensing for the profession of Marriage and Family Therapy. It states the rationale and justification for MFT licensure in Montana.

As you are aware, Montana and West Virginia are the only two states in the nation that do not currently regulate via certification or licensure the profession of Marriage and Family Therapy. In West Virginia, the Joint Committee on Government Organization voted on January 9, 2007 to sponsor legislation to license MFTs, and reported out SB289 and HB 2530 with a do pass recommendation. Therefore, it seems highly likely that Montana will be the only state remaining without an MFT license.

As SB434 states, Marriage and Family Therapy includes the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of interpersonal relationships, including marriage and family systems, and involves the professional application of psychotherapy, assessment instruments, counseling, consultation, treatment planning and supervision in the delivery of services to individuals, couples, and families. Marriage and family therapy is recognized by the federal government as one of the 5 core mental health professions, along with psychiatry, psychology, psychiatric nursing and social work. MFT licensure is necessary for the protection and benefit of the public, as well as for MFTs, who at this point have no direct formal recognition of their professional training and credentials or the legitimacy of their professional home, the American Association for Marriage and Family Therapy (AAMFT).

As with other mental health services, the unqualified or negligent practice of marriage and family therapy services can harm clients/patients emotionally and financially. Mental health clients are typically in distress and vulnerable to exploitation or incompetent care. Additionally, marital, couple, and family therapy are difficult and require unique skills. Public protection requires peer review of MFTs by MFTs to ensure that ethical and professional standards of care are being maintained adequately. Fully licensed MFTs are independent practitioners, authorized to provide a full array of non-medical mental and behavioral health services without supervision. Most states also offer an "associate" or "temporary" license for post-graduate trainees who are providing clinical services under supervision.

The unique skills and training required for MFTs are: A masters or a doctoral degree in marriage and family therapy from a recognized educational institution with a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education; or a graduate degree in an allied field from a recognized educational institution and graduate level work that the board determines to be the substantive equivalent of a master's degree in marriage and family therapy. Supervision is a necessary component of MFT training, and it is worth noting that of the mental health professions, MFTs have the most rigorous supervisory preparation. Therefore, marriage

and family therapists must have worked under a qualified supervisor for at least 3000 hours of supervised experience, including 1000 hours of face-to-face client contact in the practice of marriage and family therapy.

Currently in Montana, there are 44 MFTs who are members of the Montana Association for Marriage and Family Therapy (MAMFT), most of whom are clinical members of AAMFT. Some are licensed as LCPCs, whereas some are unable to practice due to the unavailability of MFT licensure. We anticipate that nearly all of the 44 members will pursue and qualify for licensure. Based on experience in other states, we assume a significant number of practitioners from other professions will also pursue the license.

AAMFT is the national professional organization representing marriage and family therapists throughout the world. AAMFT Clinical members have already met and exceeded the educational and supervision licensure criteria specified in SB434. Therefore the following exceptions are provided to existing practitioners: An applicant is exempt from the examination requirement if the applicant: (a) satisfies the board that the applicant is licensed, certified, or registered as an MFT under the laws of a state or territory of the United States that imposes substantially the same requirements as SB434 and has passed an examination similar to that required by the board; or (b) before July 1, 2009, satisfies the board that the applicant is a clinical member of AAMFT and a current resident of the state Montana. SB434 will not prevent qualified members of other professional groups as defined by the Board, including but not necessarily limited to clinical social workers, professional counselors, psychiatric nurses, psychologists, physicians, or members of the clergy from doing or advertising that they perform work of a marriage and family therapy nature consistent with the accepted standards of their respective professions.

The only other attempt to license MFTs in Montana was in 2005. Senator Black sponsored a bill similar to SB434 but it was tabled when misunderstandings arose about the exemptions section. Since then, these exemptions have been clarified. The proposed makeup of the licensing board according to SB434 is 1 MFT, 2 Social Workers, and 3 LCPCs. The current makeup of the board is 3 LCPCs and 3 SWs. There are no increased projected costs to the board as a result of MFT licensure. The cost of licensing fees is unknown at this point, however, it will likely be similar to that of LCPCs and SWs. We are very pleased to have the opportunity to participate in the creation of this legislation, and would welcome any questions you or your colleagues may have.

Thank you,

Elaine Maronick
MAMFT Past President